Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011366	A. BUILDING _____ B. WING _____	C 02/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON AT KOKOMO THE	2800 S DIXON RD KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00124224. This visit was in conjunction with the Post Survey Revisit (PSR) for the State Residential Licensure Survey completed on November 27, 2012. Complaint IN000124224-Substantiated. No deficiencies related to the allegations are cited. Survey date: February 14, 2013 Facility Number: 011366 Provider Number: 011366 AIM Number: N/A Survey Team: Tammy Alley, RN Census Bed Type: Residential: 35 Total: 35 Census Payor Type: Other: 35 Total: 35 Sample: 4 Wellington of Kokomo was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00124224. Quality Review completed on February 20, 2013, by Brenda Meredith, R.N.	R 000		